

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		3/31/98
FORMALITY REVIEW	<i>[Signature]</i>	1135 3	4/6/98

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-1-98
2	✓	✓	7-1-98
3	✓	✓	7-1-98
4	✓	✓	7-1-98
5	✓	✓	7-1-98
6	✓	✓	7-1-98
7	✓	✓	7-1-98
8	✓	✓	7-1-98
9	✓	✓	7-1-98
10	✓	✓	7-1-98
11	✓	✓	7-1-98
12	✓	✓	7-1-98
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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